



NCCARES USER ACCESS REQUEST FORM
North Carolina Department of Health & Human Services
Division of Public Health, Women's and Children's Health Section
Nutrition Services Branch, Special Nutrition Programs



Institution Name	Agreement Number	
Address	Phone Number	Fax Number
City	State	Zip code
Email Address		

Complete this section to request new NC Cares access for users who are authorized to complete applications and electronically submit monthly claims for reimbursement through the NC Cares system. Please type or print the full name(s), title(s), and Individual NCID, and select a program for each user (Center – CTR; Day Care Home – DCH; or Both)

Note: Visit: <https://ncid.nc.gov> and click Register to obtain an Individual NCID. The Individual NCID is a required field and NC Cares access cannot be provided without it.

Complete for employees that require new NC CARES access			✓ To select program for each user		
Name	Title	Individual NCID	CTR	DCH	Both

Please type or print the full name(s) and title(s) of ALL employees who are no longer authorized to access the institution record in the NC CARES system.

Name	Individual NCID

I understand that all authorized users are responsible for activities performed under their Individual NCID I agree that precautions will be made to ensure that the NCID will not be used by multiple employees. I further understand that changes in the status of any of the authorized NC Cares user listed above must be submitted to the NSB Customer Service Desk, Division of Public Health, Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914, fax (919) 870-4863.

Any NC Cares login that has not been used within 90 days will be deactivated

Type or Print Name of Institution's Owner or Board Chair

Official Title

Signature of Institution's Owner or Board Chair

Date Signed

For state Use Only	Date:	Initials:	Verified by:	Remedy #